

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3746

CERTIFICATE OF DEATH

Reg. Dist. No.

03729

| | | | |
|---|-------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH o. COUNTY <u>QUEEN ANNE</u> MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MD.</u> b. COUNTY <u>KENT</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>CROMPTON</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>ROCK HALL</u> <u>14X-2</u> | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | d. STREET ADDRESS | |
| 3. NAME OF DECEASED (Type or print) <u>GEORGE</u> First <u>ALBERT</u> Middle <u>CREIGHTON</u> Last | | 4. DATE OF DEATH <u>MARCH</u> Month <u>21</u> Day <u>19</u> Year <u>58</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aug. 11-1884</u> |
| 9. AGE (In years last birthday) <u>73</u> yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATERMAN</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>MD.</u> | |
| 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>WM. H. CREIGHTON</u> | | 14. MOTHER'S MAIDEN NAME <u>ANNIE COLEMAN</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>217-16-1036</u> | |
| 17. INFORMANT <u>HOWARD CREIGHTON</u> Address <u>ROCK HALL</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio Sclerotic Heart Disease</u> <u>420.0</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Prostatic Carcinoma</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>None</u> | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. <u>11:00</u> p. m. <u>11:00</u> | | 20d. INJURY OCCURRED <u>While at work</u> <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from <u>Dec 31 1957</u> to <u>Mar 21 1958</u> , that I last saw the deceased alive on <u>Mar 21 1958</u> , and that death occurred at <u>9:50 PM</u> , from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE <u>H. H. Hamilton</u> | | ADDRESS (Street, city or town, state) <u>Midlington Md</u> DATE SIGNED <u>3/24/58</u> | |
| PHYSICIAN'S NAME (Type) <u>H. H. HAMILTON</u> | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 22b. DATE THEREOF <u>MAR. 24</u> | |
| 22c. NAME OF CEMETERY OR CREMATORY <u>WESLEY CHAPEL</u> | | 22d. LOCATION (City, town, or county) (State) <u>ROCK HALL MD.</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar D. Lane Church Hill Ind.</u> | | 24a. REC'D BY REGISTRAR <u>DATE MAR 27 '58</u> | |
| 24b. REGISTRAR'S SIGNATURE <u>W. Search</u> | | | |

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please replace carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. 5

MAR 27 1958

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3747

CERTIFICATE OF DEATH

03730

Reg. Dist. No.

| | | | |
|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Queen Anne's</u> MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Md.</u> b. COUNTY <u>Q.A.</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Chester</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Chester</u> | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | d. STREET ADDRESS | |
| 3. NAME OF DECEASED (Type or print) First <u>Holton</u> Middle <u>Carrol</u> Last <u>Harris</u> | | 4. DATE OF DEATH Month <u>March</u> Day <u>20</u> Year <u>1958</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan 4, 1900</u> |
| 9. AGE (In years last birthday) <u>58</u> yrs. | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oyster Packer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Seafood</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Md.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Hugh Harris</u> | | 14. MOTHER'S MAIDEN NAME <u>Deborah Timms</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 17. INFORMANT Address <u>Mrs. Wm Harris Chester, Md.</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m. | | 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from <u>Oct</u> , 19 <u>55</u> , to <u>March</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>March 20</u> , 19 <u>58</u> , and that death occurred at <u>2:35</u> M, from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE <u>Irvin G. Hoyt</u> M.D. | | ADDRESS (Street, city or town, state) <u>Queenstown, Md.</u> DATE SIGNED <u>3/20/58</u> | |
| PHYSICIAN'S NAME (Type) <u>Irvin G. Hoyt MD</u> | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 22b. DATE THEREOF <u>March 23</u> | 22c. NAME OF CEMETERY OR CREMATORY <u>Stevensville</u> | 22d. LOCATION (City, town, or county) (State) <u>Stevensville, Maryland</u> |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Rowe</u> ADDRESS <u>Church Hill, Maryland</u> | | 24a. REC'D BY REGISTRAR <u>MAR 24 '58</u> | 24b. REGISTRAR'S SIGNATURE <u>W. L. Smith</u> |

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MAR 24 1958

BUREAU V. S.

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

03731

3748

| | | | | | | | |
|--|------------------------------|---|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Queen Anne's</u> MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Md.</u> b. COUNTY <u>Q.A.</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Centreville</u> | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Centreville</u> | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>205 Broadway</u> | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Hester</u> Middle <u>Ann</u> Last <u>Ross</u> | | | | 4. DATE OF DEATH Month <u>March</u> Day <u>2</u> Year <u>1958</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aug. 30, 1870</u> | 9. AGE (In years last birthday) <u>87</u> yrs. | IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u> Hours <u>15</u> Min. | IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u> | | 11. BIRTHPLACE (State or foreign country) <u>Md.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>James Clayland Stevens</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Frances Carter</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT <u>Mr. Geo. Ross</u> | | Address <u>Centreville, Md.</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Hypertensive - Arteriosclerotic Heart Disease</u> DUE TO (c) <u>—</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>Sev. Yrs.</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u> | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from <u>March</u> , 195 <u>8</u> , to <u>March</u> , 195 <u>8</u> , that I last saw the deceased alive on <u>March 2</u> , 195 <u>8</u> , and that death occurred at <u>2:05</u> P. M., from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE <u>Irvin G. Hoyt</u> | | | | ADDRESS (Street, city or town, state) <u>Queenstown, Md.</u> | | DATE SIGNED <u>3/2/58</u> | |
| PHYSICIAN'S NAME (Type) <u>Irvin G. Hoyt</u> | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 22b. DATE THEREOF <u>March 5-58</u> | | 22c. NAME OF CEMETERY OR CREMATORY <u>Church Hill</u> | | 22d. LOCATION (City, town, or county) (State) <u>Maryland</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>W. Edward Barton</u> | | | | ADDRESS <u>Barton Bros Centreville Md.</u> | | 24a. REC'D BY REGISTRAR DATE <u>MAR 6 '58</u> | |
| | | | | 24b. REGISTRAR'S SIGNATURE <u>Quinn</u> | | | |

BUREAU V. 7

1958 6 MAR

RECEIVED

3749

CERTIFICATE OF DEATH

03732

Reg. Dist. No.

| | | | | | | | |
|--|--|---|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Queen Anne</u> MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Church Hill</u> | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Church hill</u> | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Calder</u> Last <u>Smith</u> | | | | 4. DATE OF DEATH Month <u>March</u> Day <u>24</u> Year <u>1958</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>July 6, 1872</u> | |
| 9. AGE (In years last birthday) <u>85</u> yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farm owner</u> | | 11. BIRTHPLACE (State or foreign country) <u>Maryland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>William D. Smith</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Frances Walls</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Mrs. Wm. Smith--Church Hill, Maryland</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>352x</u> DUE TO <u>Coronary occlusion</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u> | | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | |
| | | | | 20f. (City or town) | | (County) (State) | |
| 21. I certify that I attended the deceased from <u>June 1st, 1952</u> , to <u>Mar. 24, 1958</u> , that I last saw the deceased alive on <u>Mar. 23, 1958</u> , and that death occurred at _____ M, from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE <u>H. F. McHughes</u> | | | | DATE SIGNED <u>3/24/58</u> | | | |
| PHYSICIAN'S NAME (Type) <u>H. F. McHughes</u> | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) | | 22b. DATE THEREOF | | 22c. NAME OF CEMETERY OR CREMATORY | | 22d. LOCATION (City, town, or county) (State) | |
| <u>Mar. 27</u> | | <u>Church Hill</u> | | <u>Church Hill, Maryland</u> | | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Lane</u> | | | | ADDRESS <u>Church Hill, Maryland</u> | | 24a. REC'D BY REGISTRAR DATE <u>MAR 31 '58</u> | |
| | | | | 24b. REGISTRAR'S SIGNATURE <u>W. H. Beach</u> | | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

MAR 31 1958

RECEIVED

3750

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Queen Anne's</u> MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MD.</u> b. COUNTY <u>Q. A.</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Grasonville</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Grasonville</u> | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION — | | e. STREET ADDRESS — | |
| 3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Peter</u> Last <u>Sutherland</u> | | 4. DATE OF DEATH Month <u>March</u> Day <u>17</u> Year <u>1958</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aug. 20, 1863</u> |
| 9. AGE (In years last birthday) <u>94</u> yrs. | | 10. IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>MD.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13. FATHER'S NAME <u>? Sutherland</u> | | 14. MOTHER'S MAIDEN NAME <u>Martha Johnson</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | |
| 17. INFORMANT <u>Raymond Sutherland</u> | | Address <u>Grasonville, Md.</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> 332X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Generalised Atherosclerosis</u> DUE TO (c) <u>?</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>? yrs.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u> | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) (County) (State) |
| 21. I certify that I attended the deceased from <u>July</u> , 19 <u>51</u> , to <u>March</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>March 17</u> , 19 <u>58</u> , and that death occurred at <u>3:30</u> M, from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE <u>Irvin B. Hoyt</u> | | ADDRESS (Street, city or town, state) <u>Queenstown, Md.</u> | |
| PHYSICIAN'S NAME (Type) <u>Irvin G. Hoyt MD</u> | | DATE SIGNED <u>3/18/58</u> | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 22b. DATE THEREOF <u>March 20-58</u> | 22c. NAME OF CEMETERY OR CREMATORY <u>Chesapeake</u> | 22d. LOCATION (City, town, or county) (State) <u>Charles County Maryland</u> |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Harold B. Boster Bros</u> | | 24a. REC'D BY REGISTRAR DATE <u>MAR 20 '58</u> | 24b. REGISTRAR'S SIGNATURE <u>W. J. Leach</u> |

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Form with multiple sections for recording death information, including fields for name, age, sex, race, date of death, and cause of death. The form is partially filled out with handwritten text.

BUREAU V. 5

MAR 20 1958

RECEIVED